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SHERIFF ADRIAN GARCIA



TO WHOM IT MAY CONCERN:

This letter is to inform you that TOMARI ATIBA DAVIS

DOB: 03/29/84 , SPN: 01873477 was in custody in the Harris County Jail in Houston Texas.

From: 11/24/15 to 03/15/16 inclusively. If you require any additional information please feel free to contact us at Ph# 713-755-5300.

Sincerely,

A handwritten signature in black ink, which appears to read "B. Johnson", is written over a horizontal line.

**Beverly Johnson/Clerk
Harris County Sheriff's Office
Bonding/Records Management Division**

2018 FEB 14 PM 1:10

Harris County Sheriff's Office

August 5, 2016

Health Services

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1200 Baker St.

Chart Document

Houston, TX 77002

DAVIS, TOMARI ATIVA JA092A2A01R ATW
SPN#:01873477 Sex: Male DOB: 03/29/1984

02/15/2016 - HCSO Provider Progress Note: Provider Progress Note - Walk In

Provider: Mary Ward, LVN

Location of Care: JA09 MH

HCSO Vitals

Allergies: No Known Allergies Allergies reviewed by nurse

Height (in): 71 Temperature (deg F): **98.5 Oral**

Pulse Rate (BPM): 79 Respiration Rate (RPM): 18

BP (mmHg) 124 / 78 Reason for Visit: PT states on 2/10/2016 @ approximately 11am ,he was stuck to the back of his head by staff causing injury. See NAPS. MD to eval.

Mary Ward, LVN (February 15, 2016 10:47 AM)

History of Present Illness

Problems

Current Problems:

*** FACIAL AND HEAD TRAUMA.**

BIPOLAR I DISORDER, MOST RECENT EPISODE MANIC, SEVERE WITH P (DS4-296.44)

OTH GENERAL MEDICAL EXAMINATION ADMIN PURPOSES (ICD-V70.3)

65 GAF (AXIS V) (Gaf65)

PROBLEMS R/T INTERACTION WITH THE LEGAL SYSTEM (AXIS IV) (AxisIV8)

*** C/O S/WORE THROAT**

DEFERRED DIAGNOSIS ON AXIS II (AXIS II) (DS4-799.9-A)

PHENCYCLIDINE DEPENDENCE (AXIS I) (DS4-304.90-B)

CANNABIS DEPENDENCE (AXIS I) (DS4-304.30)

COCAINE DEPENDENCE (AXIS I) (DS4-304.20)

Hx of BIPOLAR DISORDER NOS (AXIS I) (DS4-296.80)

Electronically Signed by Mary Ward, LVN on 02/15/2016 at 10:49 AM

TEST TOMARI DAVIS

WANTS TO CHECK TWITCH IN RIGHT EYE

ALLERGIES <input checked="" type="checkbox"/>		Has papers from Hegg	
ST	VA AIDED NEAR	PATIENT OLD RX	DIST VA LEADER

ST	VA	AIDED	NEAR	PATIENT OLD RX	DIST	VA	UNAIDED	NEAR
20/			OD 20/	OD	OD 20/	50		
20/			OS 20/	OS	OS 20/	50		OS 20/
20/			OU 20/	ADD	OU 20/	50		OU 20/ 100


RATOMETRY _____ _____	CONF FIELDS <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Full OU </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> VF <div style="margin-left: 10px;">screening (Attach)</div> </div>	AUTOREF/RETINOSCOPY/CYCLOPLEGIC OD <u>-1.25 -0.75 x 108</u> OS <u>-1.75 -0.50 x 16 -1.25 x 111</u>
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ILS <u>Plum 4m</u> VER TEST D <u>0</u> N <u>0</u> Pt. refused tonometry	IOP @ <u>1:54</u> am/pm <u>(pm)</u> NCT/APP OD <u>16</u> mmHg OS <u>12</u> mmHg	BVA OD <u>-175-050 X 90</u> 20/ <u>30</u> OS <u>-150-050 X 100</u> 20/ <u>25</u> ADD <u>3</u> 20/
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UNPC <input type="checkbox"/> Nose <input checked="" type="checkbox"/> <u>20</u>	AMP ACC _____	NRA (+) _____	set PH <u>10</u>
UIARA COLOR TEST	EOM <input type="checkbox"/> Restricted <input checked="" type="checkbox"/> Unrestricted	DIST PHORIA H _____	V _____ BO _____
CS	STEREO _____ sec _____	NEAR PHORIA H _____	V _____ BO _____

GNOSTIC CONTACT LENSES: BC/OAD/PWD:BRAND	ADDITIONAL TEST


MICROSCOPY









LIDS/LASHES
CONJ
K
IRIS
A/C
LENS

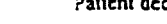




CS

OTHALMOSCOPY
 210 pm
 cocaine 0.5 %
 ropivacaine 1.0 %
 phenylephrine 2.5 %
 plus 1.0 %
 210 am/pm


☐ DO ☒ DIO ☒ DOD ☐ 78D ☐ SF
 013 C/D
 013 AN
 MACULA
 VITREOUS
 PERIPHERY
 healthy

Patient declined dilation _____ OS

 013
 013
 0 RT
 4

Assessment Refractive status <input type="checkbox"/> Emmetropia <input checked="" type="checkbox"/> Myopia <input type="checkbox"/> Hyperopia <input type="checkbox"/> Astigmatism Presbyopia <input type="checkbox"/> Amblyopia <input type="checkbox"/> Other _____ Binocular vision <input checked="" type="checkbox"/> Good _____ Ocular Health <input type="checkbox"/> Good <input type="checkbox"/> Needs DFE _____ Other _____ Educated _____	PLAN Rx M MTC M Dr. Initial M
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PADILLA MEDICAL CLINIC

William Padilla, M.D.
Mary A. Santiago, M.D.
Scott Mulder, FNP-BC.
Dana Reyes, FNP-C
Kiera Moore, FNP-C
Carla Garza AGNP-C

2502 Canal St.
Houston, Texas 77003
Tel: (713)224-0555 Fax: (713)224-1918

Referral Form

Please allow 1 work week not including weekends for referrals to be processed

Date: 1/9/18 Insurance: UHC Ins () Initial () Follow UP

Patient Name: TOMAS DAVIS DOB: 3/29/84

Address: _____

Tel: _____ Parent's Name: _____

Date(s) Patient seen: _____

Reason for Referral: strenuous vision

Referring Specialty: Ophthalmology

Specialty Name: Dr. Daniel Jenkins

Address: 7438 Harrisburg Houston TX 77011

Tel: 713-928-3375 Fax: _____

Test Performed: () Lab () X-Ray () Ultrasound () CT Scan () MRI
() Other _____

Physician Signature _____

File with
Court
9/5/2018

**IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

TOMARI ATIBA DAVIS

Petitioner

Vs

JONATHAN AJAYI

Defendants

CERTIFICATE OF INTERESTED PERSONS

TO THE HONORABLE JUDGE OF SAID COURT COMES NOW, TOMARI ATIBA DAVIS, by through Sui Jur & files this Certificate of Interested Persons pursuant to the directives of this court and show as following:

1. Harris County Jail

1200 Baker

Houston , Tx 77003

2. Lindsey Johnson

Risk Management

1310 Prairie

Houston, Tx 77002

3. Mike Stafford

County Attorney of Harris County

1019 Congress

Houston, Tx 77002

4. Harris County Sheriff's Office

Health Services

1200 Baker St.

Houston, Tx 77002